

**UNINCORPORATED NONPROFIT ASSOCIATION  
APPOINTMENT OF AGENT FOR SERVICE OF PROCESS**

To the Secretary of State of the State of Idaho:

Assoc. # \_\_\_\_\_

1. The name of the nonprofit association is:

\_\_\_\_\_

2. The principal address of the nonprofit association is:

\_\_\_\_\_

3. The name and street address of the agent authorized to receive service of process for the association are:

\_\_\_\_\_

\_\_\_\_\_

Signature of agent: \_\_\_\_\_

Dated \_\_\_\_\_

Signature of a manager of the nonprofit association:

\_\_\_\_\_

**Mail to:**

Idaho Secretary of State  
700 West Jefferson  
PO Box 83720  
Boise ID 83720-0080

Secretary of State use only

FILE ONE COPY

NO FEE REQUIRED